	PHYSICIANS it statement of	Coun Villag	rear to deval friend	Contract of the second
RD	EXACTLY P sified. Exact		2 FULL NAME STOLE	RRB
RECORD	Tie		PERSONAL AND STATISTICAL PARTICUL	ARS
	should be stated EXAC y be properly classified of certificate.	3 sE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ingle
A PERMANENT			TE OF BIRTH (Month) (Day)	1911 (Year)
S	AGE slit may lack of	7 AG	yrs	If LESS than 1 day, hrs. OR min.?
ING INK-THIS	carefully supplied.	par (b) bus whi	CUPATION) Trade, profession, or ticular kind of work) General nature of industry iness, or establishment in ch employed (or employer)	
WITH UNFADING		See inst	10 NAME OF	3
H	400		FATHER Minne 6.0	Gord
	Should EATH in portant	ENTS	11 BIRTHPLACE OF FATHER (State or country)	N. V.
PLAINLY,	of D	PAR	12 MAIDEN NAME OF MOTHER OF	ichol
WRITE PL	f informat CAUSE O		13 BIRTHPLACE OF MOTHER (State or country)	d,
WRI	Every item of information should state CAUSE OF DOCCUPATION Is very imp		(Informant) (Address) The demand of the Manual Control of the Manu	lord Hord
	0	15 File	12 Mar 93, 1915 - B & Deffer	SOU
Z K LILL SULL SULL SULL SULL SULL SULL SULL				

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;..... Ward)

Flf death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	23 ,1915 (Day) (Year)
17 I HEREBY CERTIFY, That I at	tended deceased from
Musele 21, 191 J. to 221	
that I last saw h alive on mu	. 77
and that death occurred on the date st	tated above, at 4.30 m.
The CAUSE OF DEATH : was as following	
	······
	······
(Duration)	yrs mos ds.
Contributory Secondary	
(Ourellon)	yrs mos ds.
(Signed) Tr. Tuller	W. O.
much 23 1911 (Address) FLO	and francy yest.
*State the Disease Causing Death, or Causes, state (1) Means of Injury; and Suicidal or Homicidal.	, in deaths from NIOLENT (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS,
At place In the of death yrs mosds. State	
Where was disease contracted,	,
if nol at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
de d'ralstours, hus	191
20 UNDERTAKER	ADDRESS
1 Your State of the state of th	Statementships

[Approved by U. S. (ensus and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor. Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question —Coal mine, etc. Women at home, who are engaged in For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Heart failure." "H' emorrhage." "Inanition," "Maraslapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-"Old Age," "Shock," (merely symptomatic). The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-"Uracmia," "Weakness," Never report mere "Atrophy,"



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YSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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Every it	CAUSE	important. See instructions on back of certificate.

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No. 1.

1 PLACE OF DEATH County Caraline

346.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.St.;.....Ward)

[It death occurred in a hospital or institution, give its NAME Instead

	FULL NAME Bessie Willa	Barrett, of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	SEX 4 COLOR OR RACE STRUCT, MARRIED, MANUAL SEMALE Officer ORDIVORCED (Write the word)	16 DATE OF DEATH March 3/ 1915 (Month) (Day (Year)
6 0	PATE OF BIRTH (Month) (Day (Year)	that I last saw here all salve on March 31, 1915,
7 A	If LESS than f day,hrs. 2 3 ds. ORmin.?	and that death occurred on the date stated above, at 2 P, m, The CAUSE OF DEATH* was as follows: Malanal Jener
(a pa	a) Trade, profession, or articular kind of work. (i) General nature of Industry,	Remottent Malanal fines
bu	sides, or establishment in hick employer (or employer)	(Duration) yrsmos.22ds.
9 8	STRTHPLACE (State or country) baraline lov	Contributory Secondary (Duration)yrsmosds.
TS	11 BIRTHPLACE	(Signed) Howard R. Hallsbry M. D.
AREN	OF FATHER (State or country) Landing Lou 12 MAIDEN NAME 4	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) 4 albut les	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
14	(Informant) HOW Hammer	Where was disease contracted, It not at place of death? Former or usual residenca
15	(Address) forllsbro Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 1914
971	1018 1018	20 UNDERTAKER ADDRESS

Treenston by If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Howard Prittelett

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. nune, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sareoma. etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As affection need not be stated nuless important. sepsis, tetanus) may be stated nuder the head of which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "luanition," "Maras-Bronchopneumonia (secondary). 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all discases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.). (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report

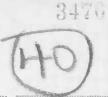


MARGIN

V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WITH Every item of information should be CAUSE OF DEATH in plain terms, si important. See instructions on back o 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

resunderso

Village or City Luckolas (No	St.; Ward) [If deeth occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flewale Negro Single, Married, Morried or Date of BIRTH Unknown 1862	16 DATE OF DEATH (Month) (Day (Vear) 17 I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Noar) (Noar) (Noar)
7 AGE (Month) (Day (Year) 1 LESS than 1 day, hrs. 0 or min.?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
(a) Trede, profession, or particular kind of work (b) General nature of industry, business, or establishmeni in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER SELLA CLOCK 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Parton Benting	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds: Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Inchar Hungare	19 PLACE OF BURIAL OR REMOVAL STILLSON 20 UNSERTAKER ADDRESS
Filed 9 1919	PP://

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) **Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal schichacnalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caucause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, BUICIDAL, OF HOME DAL, OF AB which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease cansing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic thre of the American Medical Association.) sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 6 1915
BUREAU, V.S.

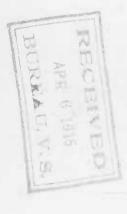
Coun	¹ PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
·		Registration Dist. No. 64
Villa	ge or City te decast trung (No.	St.; Ward) [If death occurred in a hespital or institution,
	2 FULL NAME Colorard & 2	Bowman give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH 1835	Musely 17, 191 1, to March 19, 1911,
7 AG	(Month) (Day) (Year) E If LESS Ihan	and that death occurred on the date stated above, at
	Solvers mos. Solvers or min.?	The CAUSE OF DEATH Was as follows:
bus whi	Constant of the control of the contr	(Buration) yrs. mes. ds.
	10 NAME OF FATHER & BANGAMA	(Signed) (Buration) yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) England	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	of MOTHER Mary a Loveday 13 BIRTHPLACE OF MOTHER (State or country) Transport	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrsmosds. State,yrsmosds.
	(Informant) Mis Chut Chute	Where was disease contracted, if not at place of death?
15	(Address) Hederalshing und	Hederalshing md may 12 1915
File	ed Mar 22, 1915 17 19 Jefferson REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS Hederals min
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer "Foreman," "Manager." "Dealer." etc., without more of the second statement. Never return "Laborer," mabile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gravery: (a) Fareman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthfulvarious pursuits can be known. The question Women at home, who are engaged in Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculasis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or misearriage as "Puerperal septicharma," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorthage," "Inanition," "Maras-Struck by railway train—accident: Revolver wound head—homicide; Poisoned by carbolic acid—praba state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles: Whooping ges, perilonaeum. etc., Carcinoma, Sarcoma, etc., of "Anaemia" (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Ursemia." "Weakness, carbolic acid-prabably FOR VIOLENT DEATHS



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PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
O LOLA	Registered No.
Village or City Smillwille (No. 2)	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	account
Q. O DARTICIU ARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Fingle Widowed, ORDIVORCED (Write the word) 6 DATE OF BIRTH MALL MARRIED, FINGLE WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIEY, That I attended deceased from
	that I last haw he alive on 1910, 1910
7 AGE (MORIL) (Day) (Veal)	and that death occurred on the date stated above, at 10.20 Pm.
75 yrs. W mos. 2 / ds. OR min. 7	I I I CAUSE OF DEALT WAS AS TOHOWS.
8 OCCUPATION (a) Trade, profession, or low Regions	Sisters Popula
(b) General nature of Industry, business, or establishment in which employed (or employer) Performance BIRTHPLACE Performance Perfo	(Duration) yrs mos ts.
Month (Day) (Pearly Procession, or particular kind of work (State or country) (State or country) (State or country) (Nonth) (Day) (Pearly Procession, or particular kind of work (State or country) (State	Contributory (Secondary) (Doration) (Doration) (Doration) (Doration)
Turnary Survey	R (Stepper) of 29 10 100 AS, H. D.
DES COFFATHER (State or country) DON ROWW 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHE	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLET CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOEN-
OF MOTHER WILLIAM	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the ot death yrs mos ds. State yrs, mos ds.
13 BIRTHPLACE OF MOTHER (State or country) May Land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. M. Bull J. R.	Where was disease contracted, It not at place of death?
C L (IIII)	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL
AND THE PROPERTY OF THE PROPER	20 UNDERTAKER O ADDRESS
REGISTRAR	Curadous & Bro Federalsh
If more blanks are needed, address State Regis	trar, 6 E. Franklin St. Baltof Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be ludi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dimensionia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pcritonaeum, etc.. Carcinbosis of lungs, meninges, pcritonaeum,

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if Impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



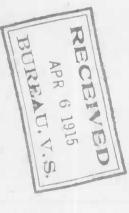
	PLACE OF DEATH	STATE OF MARYLAND
	C S.	CERTIFICATE OF DEATH
Count	ty Cor I live	64
1ge	Le la	Registration Dist, No.
Villag	e or City Technology (No. , (No. , Carmon	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
UNA	Black WIDOWED OR OLVORGED	(Month) (Day) (Year)
-	. (Write the word)	17 2 1 HEREBY CERTIFY, That I attended deceased from
6 OAT	TE OF BIRTH	111 Ch. 10 ,1914, to Meh. 144 ,1915
	(Month) (Day) (Year)	that I last saw here alive on Trich 1/2, 1915
7 AGE		and that death occurred on the date stated above, at 1.0Q m
	yrs mos ds 1 day, hrs. or min.?	The CAUSE OF DEATH # was as follows:
B OCCUPATION (a) ITade, profession, or		0 40
part	ficular kind of work	Brouch Oneumonia.
busi) General nature of Industry Iness, or establishment in	(Duration) yrs. mos. 5 ds
-	ch employed (or employer)	Contributory
	(State or country) Mary Cound,	Secondary
	10 NAME OF FATHER	(Signed) F. J. Brank J. M. O.
S	a colymen -among	Moh 14 191 & (Address) Feder alshung
Z	of Father (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
ARE	12 MAIOEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
a.	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	(State or country)	of deathyrsmosds. State,yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE		if not all place of death?
((Informant) Stellmen Common	usuel residence
	(Address) Dedirals Pung And	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15	D-1/1 8/	Dederals burn and mor. 13, 191
File	mar 15, 1910 9 73 Jefferson	20 UNOERTAKER ADDRESS
	REGISTRAR	Was and was a second
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter. Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, STITCHDAL, OF HOMICHDAL, OF as probably such, if impossible head-homicide; Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "PUERPERAL peritonitis," etc. "Heart failure," "Heemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chapmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. cough: Chronic valoular heart disease; Chronic interstitiul "Tumor" for malignant neoplasms); Meusles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Anaemia" (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracnia," "Weakness, oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by "Dropsy," "Exhaustion," corbolic acid-probably State cause for which (Recommendations punon



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

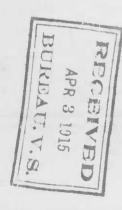
	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty	Registration Dist. No. 66
Vil	lage or City Lidgely (No. 2FULL NAME Silvey Guy	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	unale While Single, Wilowed with the word)	16 DATE OF DEATH March 4 , 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw her alive on Help 10 1915
7 A	74 yrs. 8 mos 26 ds. 1 day,hrs. or. min.?	and that death occurred on the date stated above, at
(a pa (b) bus whi	CCUPATION) Trade, profession, or ritcular kind of work 0 General nature of industry, cliness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Ccate Indigestion Secondary (Duration) (Duration) (Duration) (Doration) (Doration) (Doration) (Doration) (Doration) (Doration) (Doration)
ARENTS	11 BIRTHPLACE OF FATHER (State/or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Maccle M. D. M
٥.	13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
	(Informant) MA Phase Comments	If not at place of death? Former or usual residence.
15 Fli	(Address) Regely Mil	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Mari 7/1915 20 UNDERTAKER Smith Med Cub Co, Meda Chy Med
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term ou the applies to each and every person, irrespective of ago. (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name. first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucsis of lungs, meninyes, peritonaeum, etc., Carcin-

ture of the American Medicul Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstiou," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT -Every Item of Information should be CAUSE OF DEATH in plain terms, s important. m ż

1 PLACE OF DEATH , Caroling Ridgely Ind.

348 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.66

.Ward)

[It death occurred in a hospital or institution,

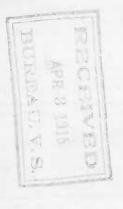
2 FULL NAME not named,	helotty give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. Drigle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH NIAN, /5', 1915' (Mouth) (Day (Year)
6 DATE OF BIRTH ' (Month) (Day (Year)	that I last saw h invalive on Mar 15, 1915.
TAGE It LESS than t day, 2 Ohrs. yrs. mos. ds. OR min.? OCCUPATION (a) Trade, protession, or particular kind of work.	and that death occurred on the date stated above, at
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) C. D. L. M. J.	Contributory Premature Bill (6 mos) Secondary
10 NAME OF GLORGE DELINGY 11 BIRTHPLACE OFFATHER	(Signed) & F. Suith Dir. M. D. Than 16, 191 C. (Address) Ridg Sy Wid.
(State or country) Or Carray 12 MAIDEN NAME OF MOTHER Soblid Swith 13 BIRTHPLACE OF MOTHER (State or country) Carraling Co.	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death
(Intermant) LALA LEGAL TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Agg (1915) Mario Flieg Mar. 16, 1915 Mario REGISTRAR If more blanks are needed, address State Regist	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Place Of BURIAL DATE OF BURIAL Place Of BURIAL Place Of BURIAL Place Of BURIAL ADDRESS ADDRESS Place Of BURIAL ADDRESS ADDRESS Place Of BURIAL Place Of BURIAL Place Of BURIAL ADDRESS ADDRESS Place Of BURIAL Place Of BUR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (relired 6 yrs.) For persons gainfully employed, as At school or At home. Care minc, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Colton mill; (a) Salcsman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, perilonaeum, etc., Carcinetsis of lungs, meninges, perilonaeum, etc.,

nant neoplasms); Meastes; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; tulvular hearl disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerreral peritonitis," etc. State eause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Heart failure," "Haemorrhage," "Inanitton," "Marasby carbolic acid-probably snicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) lelanus) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Puerrenal septichae-For vio-



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coat material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stalionary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtherla (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic). "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. ture of the Americau Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rathway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Putreeral perilonilis," Measles "Semile," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "Asetc.), "Dropsy," "Exhaustion," etc. State cause for Never report



A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. No. 1.

N.B.

PLACE OF DEATH

37, "

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 6
Village or City Treustard (No	St.; Ward) [If death occurred la a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Clack Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Wasek 5 , 1915 (Month) (Day (Year)
6 DATE OF BIRTH	
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, at 12 2 A.m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Signed) Carl Planting Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the Of death yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Morley buring	Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Date of Pel. Filed Lane 15, 1915 Kuth Degrees REGISTRAR	20 UNDERVANER Sacher ADDRESS ADDRESS A

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Satesman, As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

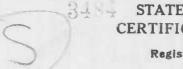
PERMANENT RECORD

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supplied. AGE should be stated EXACTLY, PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very carefully supplied. Item of information should be carefully sur E OF DEATH in plain terms, so that it mai tant. See instructions on back of certificate. CAUSE OF I

1 PLACE OF DEATH County Coralina Preston R fro.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;.... .Ward)

[It death occurred in a hospital or institution. give its NAME Instead

FULL NAME Stee Born	Ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED Strugger OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
ODATE OF BIRTH Mod (Nonth) (Month) (Day (Year) TAGE It LESS than 1 day hrs.	that I last saw h alive on
B OCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of industry,	The CAUSE OF DEATH* was as follows:
business, or establishment in which amployed (or amployer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrsmosds.
10 NAME OF FATHER MILELELY STATES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN OF MOTHER OF MOTHER	(Signed)
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Preglan PD. 16 Filed April 5, 1915 Chas. B. Harrison REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 21 UNDERTAKER 22 UNDERTAKER 23 UNDERTAKER 24 UNDERTAKER 25 UNDERTAKER 26 UNDERTAKER 27 UNDERTAKER 27 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially ln industrial employments, it is necness of various pursuits ean be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. addltional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fraeture of skull, and consequences (e. g., mia," "Puenreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1915

BUREAU, V.S.

S. No. 1.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT 4 15 UNFADING INK-THIS WRITE PLAINLY, WITH CAUSE OF Important. N. B.

	¹ PLACE OF DEATH	3.	STATE OF MA	RYLAND
Count	y Caroline	03/	CERTIFICATE O	2 ~
Village	FULL NAME Jane Philliams	en St.	St.; Ward	[If death occurred in a hospitat or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
Jes Tem	ale white 5 single, MARRIED, WIDOWED LUNCHOURS ORDIVORCED (Write the word)	16 DATE OF	DEATH FRANK (Month) I HEREBY CERTIFY, That	(Day (Year)
6 DATE	OF BIRTH (Moath) (Day (Year)	mor	9 1915, to mar	13 , 1915
80000	2 Jour II LESS than 1 day,	and that deal	th occurred on the date states	
parficult (b) Gen business which er	de, profession, or arkind of work. Where the state of industry, or establishment in imployed (or employer)		. /	yrsmos./o.ds.
9 BIRTH	HPLACE ate or country) maryland	Contribut Secondar	y	A. T.
	NAME OF FATHER WINKINGWIN	(Signed)	Man Duston	yrs mos ds.
PARENT	BIRTHPLACE OF FATHER (State or country) less keroever MAIDEN NAME OF MOTHER BIRTHPLACE BIRTHPLACE	*State the Causes, state, Suicid	T., 191 (Address)	nd (2) whether Acciden-
4 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death	ase contracted, 1 death?	yrs mos ds
15	(Address) Tederalsburg mil	19 PLACE OF	BURIAL OR REMOVAL	DATE OF BURIAL
10	. //a	12/1/11/11	1.36 4 1/10,000 00 0	5 - ay / (0 101.

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

29 UNDERTAKER

ADDRESS

Filed mar 14, 1915 John New Hadway

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumoula," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



REGISTRAR

If more blanks are needed, address State Registrate E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred in

(Year)

a hospital or institution. give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Housewife, Housework, or Al Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mitt; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

autoutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptous or terminal conditions, such as "Asaffection need not be stated upless important. "Contributory." injury, as fracture of skull, and consequences (e.g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: by carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of of



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in Ward) EXACTLY. P a hospital or institution. give Its NAME Instead of street and number. ² FULL NAME RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF GEATH stated MARRIED PERMANENT WIDOWED OR DIVORCED (Day) properly certificate Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH . 191 should pe that I last saw h alive on (Year) 191 7 AGE If LESS than of may and that death occurred on the date stated above, at ck AG The CAUSE OF DEATH & was as follows: THIS + pa 8 OCCUPATION supplied. no (a) Trade, profession, or particular kind of work (b) General nature of industry 0 terms. instructi business, or establishment in UNFADING (Ouration) refully which employed (or employer 9 BIRTHPLACE Contributory Secondary lain (State or country) plai 10 NAME OF 0,0 2 Dinou important. S 11 BIRTHPLACE ENT (State or country) PP *State the DISEASE CAUSING DEATH, of In death from VIOLENT PLAINLY. of information se CAUSE OF DE CAUSES, state (1) MEANS OF INJURY: and 12 MAIOEN NAME α 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS 13 BIRTHPLACE At placa In the Every item of infor should state CAUS OCCUPATION is v OF MOTHER WRITE of death Stata. yrs. Whera was diseese contractad, If not at place of death? Formar or usual rasidence PPLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 20 UNDERTAKER ADDRESS m udas Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

BINDING

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[Approved by U. S. Census and American Public Health Association.

engaged in domestic service for wages, as Servant, Cook, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) (roccry; (a) Foreman, is provided for the latter statement; it should be used mobile factory. only when needed. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part As examples: (a) Spinner, (b) Cotton At home. Care should be Never return "Laborer," If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebro-CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. Examples: pucumonia. Pronchopneumonia using always the same accepted ("Pneumonia," Cerebrospinal



on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as mus," "Old Age," "Shoek," "Uraemia," "Weakness," Struck by railway train—accident; Revolver wound of surgical operation was undertaken. For violent deathis "PUERPERAL peritonitis," etc. State eause for which birth or misearriage as "Puenperal septichuemia," genital," "Senile," etc.), "Dropsy," "Exhaustion." "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The eontributory (seeondary or intercur-Poisoned by carbolic acid-probably Never report mere ACCIDENTAL, important.

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

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County CERTIFICATE OF DEATH Registration Dist, No. No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS MARRIED MARRI		344
Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MODITY PARTIES OF DEATH MODITY PARTICULARS MEDICAL CERTIFICATE OF DEATH MODITY THEREBY CERTIFY, That Lattended decensed from the Company of the Cause of Death and Company of Company of The Cause of Death and Company of Company	PLACE OF DEATH	STATE OF MARYLAND
Registration Dist. No	County Classins	CERTIFICATE OF DEATH
Village for City Village for	. 2	Registration Dist. No. 65
PERSONAL AND STATISTICAL PARTICULARS 3257 4 COLOR OR RACE 5 SINGLE, WILLOW WILLOWS	Village or City Vills 6000 (No.	St.; Ward) [If death occurred in a hospital or institution,
## COLOR OR RACE SINCE. MARRIES. WARRIES. WARRIES. WIGOWED WOOD WARRIES. WIGOWED WIGOWED WIGOWED WIGOWED WARRIES. WIGOWED WIGOWED WARRIES. WIGOWED WIGOWED WARRIES. WARRIES	2 FULL NAME SLIKYS 37	
MARRIED WOONEDED ORDERS OF BIRTH TAGE TAGE Month Month	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE	MARRIEO, WIOOWED OR OLVORCED	10 , 1910
TAGE - If LESS than 1 day, hrs. The CAUSE OF DEATH ** was as follows: The CAUSE OF DEATH ** of byte of		THE THE TEREBY CERTIFY, That Lattended deceased from The
1 dg, first 0 OCCUPATION (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 0 Occupation (a) Trade, profession, or particular kind of work 10 Occupation (a) Occupation (b) Occupation (b) Occupation (c) Occupation (c) 10 NAME OF FATHER	(Month) (Day)	Teat) that I last saw h & alive on Mich. 30", 1910;
OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of Industry (c) General nature of Industry (d) General nature of Industry (e) Burnellon (a) Trade, prefession, or particular kind of work (e) General nature of Industry (f) General nature of Industry		and that death occurred on the date stated above, at
(address) (a) Trade, profession, or parlicular kind of work (b) General nature of industry (c) General nature of industry		The CALLET OF DEATH & was as follows:
(Signed) Description of the mology of (or employer) Description of the mology of the molog	(a) Trade, profession, or	Cleut mileary morreulose
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant) (Address) 15 Filled 3 - 2 /-, 1915. A TOWLY Filled 3 - 2 /-, 1915. A TOWLY REGISTRAR CONTRIBUTORY (Signed) (Signe	(b) General nature of industry	
ON ATTER AND AND CONTINUED	which employed (or employer)	Quration) yrs. mos. ds.
10 NAME OF FATHER ALANGE OF FATHER (Signed or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER ALLY & State the DIRIXAR CURING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sticidal or Hosticidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) (Informant) (Address) 15 Filled 3 - 2 /-, 1915. A PARTICLE ARE REGISTRAR (Signed) (Address) (Address) (PATHER (State or country) A possible (1) Means of Injury; and (2) whether Accidental, Sticidal or Hosticidal. (Signed) (Address) (Address) (Address) (Address) (Note or country) (At the Above is true to the Best of My knowledge of death yrs, mos. ds. Siale, yrs, mos. ds. Where was disease contracted, if not et piece of death? Former or usual residence 19 PLAGE OF BURIAL OR REMOVAL (Address) ADORESS, 15 20 UNOERTAKER (Address) Address ADORESS, ADORES	9 BIRTHPLACE	Secondary 2
State the Discusse Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sciendal or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE OGE (Infermant) (Address) (Address) 15 Filed 16 The Above is true to the Best of MY Knowle of the state of death (1) Means of Injury; and (2) whether Accidental, Sciendal or Homicidal, Sciendal or Homicidal	FATHER Clohlus d. HON	1 mg Cours
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant) (Address) 15 Filed 16 17 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not et piece of death? Former or usual residence 19 19 10 10 10 10 11 11 12 13 14 15 15 16 17 18 18 18 19 19 10 19 10 10 10 10 10 10	- "BIRTHPLACE	*State the Discuss Carsing Dearn or in deaths from Violent
At place of death yrs. mos. ds. State, yrs. mos. ds	M 12 MAIOEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
if not et piece of death? Former or usual residence 15 Filed 3 - 2 /-, 1915. PARAGE REGISTRAR If not et piece of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL JAPAN JAPA	OF MOTHER	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
(Informant) (Address) (Address)	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	
(Address) 15 Filed 3-21-, 1915. Proposed Registrar Filed 3-21-, 1915. Registrar	(Informant) C. G. Horney	
Filed 3-21-, 1915. A. T. B. ROWZ 20 UNDERTAKER Protected ADDRESS.		1/10 1 - 3 - 3 2 6
	Filed 3-21-, 1915. Ch. 77/3/ Cow?	20 UNOERTAKER PRALE ADORESS.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer." mobile factory. The material worked on may form part mill; (a) Salesman. (b) Groccry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--('ool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer. For persons who have no occupation whatever Stationary freman, etc. But in many cases, Women at home, who are engaged in Never return "Laborer." etc. without more If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetunus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway troin—accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PLERPENAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure." "Heemorrhage." "Inanition," "Marasrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial genital," "Senile," etc.), "Annemia" symptoms or terminal conditions, such as "Asthenia." chopneumonia Example: Mensles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age." "Shock," Always qualify all diseases resulting from childmia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" (secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably "PUERPERAL septichuemia," "Dropsy," "Uracmia," "Weakness, Never report mere "Exhaustion, wound of ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V.S.

	lage or City Destina My (No. 2FULL NAME Strong Struct.	CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
358	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCE (Write the word)	18 DATE OF DEATH Musch (Nouth) (Day (Year
(a)	(Mouth) (Day (Year) (that I last saw how alive on
busi White	General nature of Industry, Iness, or establishment in ch employed (or employer) RTHPLACE (State or country) Ourna da 10 NAME OF	Contributory Secondary (Duration) 7 yrs mos. (Duration) 7 yrs mos.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Osmala.	*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accid Tal, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Ind know HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) August Mick.	TAL, SUICIDAL, OF HOSPICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos, three was disease contracted, it not at place of death? former or usual residence.
15	ed Miller 13 1915 Dollinge med	19 PLACE OF BURIAL OR REMOVAL Lederdslurg 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sulary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman. return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

autoutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as eause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (c. g., Accidental drowning; Structs by railway train—acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomenela. by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; "PUERPERAL schtichae-For vio-



S. No.

ż

1 PLACE OF DEATH state Very should Is OCCUPATION Village or City...... 50 Exact statement PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED, widowed, Widow or Divorced (Write the word) DATE OF BIRTH classified. (Month) (Day (Year) . AGE should properly classif 7 AGE It LESS than 1 day,hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 of of information should be DEATH in plain terms, See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS BEST OF MY CAUSE OF (Intormant) Important. (Address) 15 00

REGISTRAR

If more blanks are needed, address State Regi

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.6.6

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

nes	ot street an	c number.
MEDICAL CERTIFICATE C	F DEATH	
16 DATE OF DEATH March	2 nd	., 191
(Month) 17 / I HEREBY CERTIFY, That	(Day	(Year)
Heb. 125 1915 to Ma		1916
that I last saw here alive on Mar	ch / es	- 101
		, 1919
and that death occurred on the date state	d above, at	I
The CAUSE OF DEATH* was as follows:		
Cexhauction		
	**************************************	0
(Duration)	- Vrs me	s 3
Contributory Bronco. R.		10
Secondary	,	
(Ouration)	yrs/m	os
(Signed) J. C. Mad	ara	, M.
nand 3, T915 (Address) Ro	lg cl	not
*State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths fro nd (2) whethe	m VIOLE?
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)		
At place In the		
of death yrs mos ds. State . Where was disease contracted,	yrs m	1081
It not at place of death?	***********************	************
Former or usual residence	***********************	000000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BU	RIAL
Midgely Mid	Mch)3	191
20 UNDERTAKER 1950	ADDRESS	10
Smith Und 3) Compo	14das	V. n

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dcaler," etc., without more precise specishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement: the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated this: causing death, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified. is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which snrgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for "Exhanstion," Never report



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	3490 STATE OF MARYLAND
P. A. D. X. L.	CERTIFICATE OF DEATH
County Oscotus	Registration Dist. No.
17	If death occurred in
Village or City Mullus (No.	St.; Ward) a hospital or Institution,
Eladina Co de	give Its NAME Instead of street and number.]
FULL NAME HEARY	00000
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED.	(Month) (Day) (Yeat)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	, 191, to, 191,
(Month (Day) (Cear)	that I last saw hallve on, 191
TAGE 98 If LESS than	and that death occurred on the date stated above, atm,
one of day,hrs. ds. ormin.?	The CAUSE OF DEATH* Mas as follows:
8 OCCUPATION	auf care
(a) Frade, profession, or particular kind of work	
(b) General nature of Industry,	og woowing
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
BIRTHPLACE DO	Contributory Secret Tyles
(State or country)	(Secondary)
10 NAME OF COA	(Ografien) yrs mos ds.
FATHER Comer Sunson	(Signed) War 1801 Corune, to.
11 BIRTHPLACE OF FATHER	All (Address) Druces
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
OF MOTHER A A A A	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Caroline (O	of death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Elmentoliston	If not at place of death?
(Informant)	usual residence
(Address) The Man	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Te / W MADE	Declared Cempany mar 21, 191 5
Filed Mek (1, 19t J D Dewrgem 2)	20 UNDERTAKER ADDRESS
REGISTRAR	I Virgil Tuoon Deulaw mas
If more blanks are needed, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specigalnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many ness of various pursuits can be known. The question the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-



childbirth or miscarriage, as "Purperal scptichaeinjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



1 PLACE OF DEATH

MARGIN

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton milt; (a) Satesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as fication as Day taborer, Farm taborer, Laborer-Coal first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 3 1915

BUREAU. V.S.

BINDING

FOR

RESERVED

MARGIN

Cour	700	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 St.; Ward) [If death occurre a hospital or institute
	· 2 FULL NAME Ernest lune	give its NAME ins of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Cof, Single, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month). (Day) (Y
6 DA	TE OF BIRTH (Month) (Day) , 18/0 (Year)	that I last saw har alive on the date stated above, at and that death occurred on the date stated above, at and the date stated above.
8 00	yrs. mos. 78 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Irade, profession, or	BIR
par par (b bus wh	rticular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary
S BI	rilcular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed) State the DISPASE CAUSING DEATH, or, in deaths from Violes
PARENTS HE 6 HW SING 9)	rilcular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE OF FATHER	Contributory Secondary (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidents Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of death yrsmosds. State,yrsmos. Where was disease contracted, if not all place of death?
PAA BI	rilcular kind of work) General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) ID NAME OF FATHER (State or country) IMAIDEN NAME OF MOTHER OF MOTHER (State or country) IS MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary (Signed) State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident. Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrsmosds. State,yrsmos.

[Approved by U. S. Census and American Public Heatth Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autowrite Nane. who receive a definite salary), may be entered as Housethe duties of the household only (not paid Househeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from without more The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobor pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poismed by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valualar heart disease; Chronic interstitial ges, perdonaeum, etc., Corcinomo, Sarcoma, etc., of . . . suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inamition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." symptoms or terminal conditions, such as "Asthenia." chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles: Whooping Struck by railway train-accident; Revolver (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Dropsy." State cause for which Never, report mere (Recommendations "Exhaustion." ACCIDENTAL to menom



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PERMANENT 4

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS Every Item of information should be carefuily su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH 3490 County Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

62

Registration	Dist.	No

Village or City Seculous MAS.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 SEX A COLOR OR RACE MARRIEO, WIDDWED, yes OR DIVORCED (Write the word)	16 DATE OF DEATH Mole 17th , 1915 (Month) (Day (Year)
7 AGE Saw Saw	that I last saw he alive on Mcd 704 1915 and that death occurred on the date stated above, at 750 m. The CAUSE OF DEATH Pas as fellows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	4 mo (Duration) yrs. mos. ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) June 12 MAIDEN NAME OF MOTHER OTHER O	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.
16 Filed 19 1915 Dengans	19 PLACE OF BURIAL OR REMOVAL Love Centerry 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin A., Balto., Requesting V. S. No. 1.

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or Al home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Archilect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Narcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," Never report



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should OCCUPATION PHYSICIANS RECORD Z ERMAN ⋖ classified. shou properly ACE ¥ Z supplied. pe ADING may certificate. carefully UNF that 80 of back terms. should 00 plain AINL Instructions Information c DEATH Jo OF important. Ш Every

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 fif death occurred to .Ward) a hospital or institution. give Its NAME instead of street and comber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment In (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country The DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country _____ yrs. mos. Where was disease contracted, BEST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAK ADBRE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speci-It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcintosis of lungs, meninges, periionacum, etc.. Carcintosis

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblifty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-



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L	DEA	H	d L	lain	terms	5. 5	0	hat It	maj	be.	properly	classified	. Exact	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	ō	OCCUPAT	ION IS	Ver	>
i.	Sec	netru	ctio	0 80	nt. See instructions on back of certificate,	0 40	f Ce	rtific	ate.	1	7								

1 PLACE OF DEATH

County Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or institution.

	FULL NAME George Sphi	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, GUARTIES WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Month (Day (Year)
	OF BIRTH Month (Day (Year)	that I last saw h in alive on Mulicipal 1915.
7 AGE	It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated 250ve, at
(b) General business, which em	profession, ar r kind of work	(Duration) yrs mos ds. Contributory Secondary
У 11 E	NAME OF GEORGE Frairight BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds. (Signed) (Signed) (N. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 THE A	REST OF MY KNOWLEDGE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE RANT) LORMAN PLANSINGLE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Densaw Zeed	Deston Cerefory Caperl 1, 1915

REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin st., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (2) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Trecise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-Never return; "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

culvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclasepsis, tetanus; may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-Never report For VIO-Of



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Caroline ino OCCUPATION Registration Dist. No. roportlevened If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead ot street and number.] MEDICAL CENTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, OR DIVORCED (Write the word) BINDING (Month) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH leig (Day (Year) 7 AGE If LESS than Cia t day, hrs. The CAUSE OF DEATH * was as follows: THI mos 20 OR 7 arulyzie proper BOCCUPATION (a) Trade, profession, or INK particular kind of work. pe (b) General nature of Industry. business, or establishment in may te. (Ouration) yrs. & mcs ds. which employed (or employer) FADIN SE Contributory 1201 BIRTHPLACE certifical (State or country) 1 10 NAME OF FATHER 0 Jo NOUN WITH terms, n back 11 BIRTHPLACE (Address)_ ucheri ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain lons o OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. instructi OR RECENT RESIDENTS) u 13 BIRTHPLACE At place In the OF MOTHER I (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs. ____ mos._ DEAT Where was disease contracted. See If not at place of death?.... 50 Former or Item PO usuai residence.... mportant. [L] 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL Every Mar 18, 1915 15 20 UNDERTAKER ADDRESS REGISTRAR ż If more blanks are needed, address State Registrar, E. Franklin, t., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canetc., when a definite disease can be ascertained as the genital," thenia," "Anacuia" (merely symptomatic), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallginjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for tetanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eansing death), 29 ds.; terminal conditions, such as "As-"Convulsions," "Debility" ("Con-For vio-



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3130 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in St.: Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. ORDIVORCEO Widow (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE , 1915 (Address) ARENT OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) Yrs. mos. . ds. State Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL Mel 23 15 .. 191న

> 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various parsuits can be known. The question (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerreral septichae etc., when a definite disease can be ascertained as the nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e.g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puemeral peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," thenta," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. untrular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all discases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Convulsions," "Debility" ("Conetc. State canse for "Exhaustlon," For vio-



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should OCCUPATION PHYSICIANS statement Exact classified. AGE sho pe may carefully sur 0 0 terms. plain c EATH 0 10

Very 00 Instructions See CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 50% SSINGLE. 16 DATE OF DEATH RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (duration) which employed (or employer) Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. (State or country) State yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ABORESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salar,), may be entered as fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessarily Civil engineer, Stationary fremun, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (1)

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nant neoplasms); Measles; Whooping cough; Chronic ample: Mcastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convilsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medicul Association.) cause of death approved by Committee on Nomencla-"Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) "Puerreral peritonitis," etc. State cause for telanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "PUERPERAL septichae



PHYSICIANS should state of OCCUPATION is very

. AGE should be stated EXACTLY. properly classified. Exact statement

so that it may be

See instructions on back of certificate.

important.

Every Item of Information should be CAUSE OF DEATH In plain terms, so

N. 18

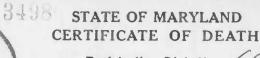
PERMANENT RECORD

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UNFADING INK-THIS IS

PLAINLY, WITH

County Delicer & County Village or City Lear & County



Registration Dist. No. 69

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

Village or City hear Southing.

FULL NAME Walter Saterfield

FULL NAME MARKET Su	0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
© DATE OF BIRTH Oef- (Month) (Pay (Year)	HEREBY CERTIFY, That I attended deceased from Hill 28, 1915, to Rely 28, 1915, that I last saw h Lieu alive on 31 etc 28, 1915.
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work	Browche meumonia
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country) Enarcy Caud	Contributory Secondary (Duration) yrs mos ds.
on the state of th	(Signed) Seudau O George, M. D. Men 51, 1915 (Address) Denlan
12 MAIDEN NAME OF MOTHER BANK	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Quarry land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
(Interment) A THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) FL F. D. 21 Declace Suc	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Garla Church 30 1 Mean 5 1915
Files MC4 5 , 191 5 Million Jem J	20 UNDERTAKER ADDRESS

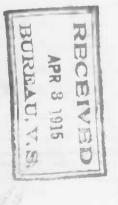
If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or institution. EXACTLY. P sified. Exact give its NAME instead of street and number. RECORD classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, PSEX stated MARRIED, PERMANENT WIDDWED (Month) (Day) OR DIVORCED properly rite the word' certificate I HEREBY CERTIFY, That I attended deceased from pe 6 DATE OF BIRTH should that I last saw h. Thealive on pe (Day) it may b and that death occurred on the date stated above, at $3\, P_{
m m}$. If LESS than 7 AGE ш 1 day. hrs. OF DEATH # was as follows: O The CAUSE min.? THIS d bai so that LO 8 OCCUPATION supplied (a) Trade, profession, or X particular kind of work (L) General nature of Industry 0 instructi business, or establishment UNFADING carefully term which employed (or employer Contributory 9 BIRTHPLACE lain (State or country) 9 20 10 NAME OF be C FATHER Should I important (Address) 11 BIRTHPLACE Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER (State or country Causes, state (1) Means of Injury; and (2) whether Accidental, Ш PLAINL of information e CAUSE OF D 12 MAIDEN NAME 00 OF MOTHER Ac LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE In the At place OF MOTHER Stale. yrs. of death (State or country Where was disease contracted, 14 THE ABOVE if not at place of death? Every item of should state COCCUPATION Former or (Informant) usual residence DATE OF BURIAL CE OF BURIAL OR REMOVAL (Address 15 29 WNDERTAKER 0

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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STATE OF MARYLAND

[Approved by U. S. Consus and American Public Health Association.]

write None business, that fact may be indicated thus: Parmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hauseheepers precise specification as Day laborer, Farm laborer, Laborer "Foreman." "Manager, of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autois provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Women at home, who are engaged in t. Never return "Laborer," "Pealer." etc., without more Locomotive If retired from engineer,

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetamus) may be stated genital," head—homicide; Poisoned by carbolic acid—probably SUICIDAL, or nonicidal, or as probably such, if impossible suicide. Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Publiperal sephchaemia," etc., when a definite disease can be ascertained as the lapse." cause. "Heart failure," "Heenorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." "Anaemia" chopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death). 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valuatar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes: Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma." "Senile," (merely symptomatic), "Atrophy," The contributory (secondary or interens-"Convulsions." etc.). "Dropsy," "Debility" ("Con-Never report mere "Exhaustion." ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915

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P 5 PHYSICIANS shoul RECORD statement PERMANENT EXACTLY. Exact classified. 4 S 0 THIS properly CE INK pe supplied UNFADING тау carefully that 80 WITH terms. should plain Information = PL of Infor WRITE Item FO mportant. Every It

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state Very certificate. 10 on back AINLY. See instructions 1 PLACE OF DEATH

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CER	TIFICATE O	F DEAT	Н
7,9	Registration Dis	st. No	62
11	St.; Ward	a hospitat give its l	th occurred to or institution, NAME instead and number.]
MEDICA	AL CERTIFICATE O		
16 DATE OF DEATH	Mole	3 ott	, 1915
	(Month)	(Day	(Year)
Mole 2 7 Ch	, 191 T, to M	4294	,, 191
that I last saw her	alive on	4 290	1915
and that death occurred	d on the date stated	above, at	7m
The CAUSE OF DEATH	* was as follows:		
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

County Caroline PERSONAL AND STATISTICAL PARTICULAR 3 SEX 4 COLOR OR RACE 5 SINGLE, Live MARRIED. WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE . 1914.... (Address) ARENT OF FATHER (State or country.) *State the DISEASE CAUSING DEATH, or. In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, THE STITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ____ yrs. ___ mos. (State or country State Where was disease contracted. If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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pinous OCCUPATION ō statement PERMANENT BINDING classifled. O THIS 0 properly ED NX supplied. pe UNFADING may certificate. 0 10 ARGIN WITH terms, n back pinous 0 PLAINLY ATH in plain instructions o DEATH WRITE See 50 0 inportant. Every It m

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 6 Ilf death occurred in Vittage or City (No. St.:....Ward) a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED PLANTING (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Doration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191 V. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At ptace In the OF MOTHER of death yrs. mos. ds. State yrs. ____ mos. (State or country Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF-MY If not at place of death?. Former or usuat residence. DATE OF BUR 15 20 UNDERTAKED ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ample: Meastes valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERFERAL peritonitis," etc. State eause for childbirth or misearringe as cause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convensions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, (clanus) injnry, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhanstlon," may be stated under the head (Recommendations on statement of (disease eausing "Puerreral schichacdcath), 29 ds.;



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Cla THIS proper AG INK supplied. be UNFADING may certificate. carefully 80 50 WITH back terms, should E O plain Instructions information ٢ PL EATH PE Item OF Important. Every Ite

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state

3000 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Paroline Registration Dist. No. St.: Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED A (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of Industry. business, or establishment in (Buration) which employed (or employer) BIRTHPLACE Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENTS (Address) OF FATHER (State or *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death _____ yrs. ___ mos. State _____ yrs __ _ ds. Where was disease contracted. If not at place of death?.. Former or usual residence. PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAN

20 UNDERTAKER

Ilf death occurred in

(Year)

a hospital or institution,

give Its NAME Instead of street and number.]

mos.

DATE OF BURIAL

ADDRESS

(Day

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerreral peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildblrth or miscarriage as "Puerveral scptichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The coutributory (secondary or intercurrent) Always qualify all diseases resulting from



N. B.

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Village or City Prestrue (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 3 St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Machine H COLOR OR RACE Single, MARRIED, WIDOWED, Seringle (Write the word)	(Month) (Day (Year) I hereby certify, That I attended deceased from
Month (Day Kear) 7 AGE Month (Day Kear) 7 AGE Month (Day Kear) 1 LESS than 1 dayhrs. 9 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw halive on 191 denoted above, at #3.00 m. The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Border Junior 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary (Duration)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Order Services	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Oreca (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed sen & 1918 STEB N. Bassison	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be judicausing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) which surgical operation was undertaken. For viomia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthouia," "Anaemia" (morely symptomatic), "Atrophy," affection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report



No. 1.

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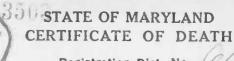
of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, so WRITE

Important.

8 ż

RECORD PERMANENT 1 PLACE OF DEATH

Helen Wadeline



Registration	Dist.	No. 40
St. W	ard)	Ilf death occur

red in a hospital or Institution, give its NAME Instead of street and number. 7

PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
D 1 - WID ORD	GLE, RIED, OWED, DIEGED I'd the word)	16 DATE OF DEATH (Mon	th) (Day) (Year)
6 DATE OF BIRTH		7 , 1	2 - 2 1-
(Month)	(Day) , 19/5 (Year)	that I last saw h	- 3 - , 191d
7 AGEyrsmos. A	If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date s The CAUSE OF DEATH* was as follow	WS:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in) yrs mos ds
SBIRTHPLACE (State or country)	c Co. Inst	Contributory (Secondary)	
10 NAME OF FATHER Muleaux	E. Turne	(Signed)	ista - , H. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.	; and (2) whether Accroan-
13 BIRTHPLACE OF MOTHER (State or country)	heng for		tals. Institutions, Transients, the tale yrs, mgs, ds.
(Informant) A Plan ()	WY KNOWLEDGE	If not at place of death? Former or usual residence	
(Address) Macrilel	nef-	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 3/5 1913 W Z Le	REGISTRAR	9 Daniel	Maryder

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacgenitai," "Senile," etc.), "Dropsy," "Exhaustion." "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neopiesms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

state Very properly classified. Exact statement of OCCUPATION is PHYSICIANS should may be DEATH in plain terms, so that it m See instructions on back of certificate, Every item of Information should be CAUSE OF DEATH in plain terms, so important. N. W.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ----Ward) .St.;a hospital or institution,

[If death occurred in

FULL NAME Of you the	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 6 SINGLE, MARTIED. AND	16 DATE OF DEATH (Month) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
O DATE OF BIRTH (Month) (Day (Year)	that I last saw has alive on 3 10 110 110 110 110 110 110 110 110 11
⁷ AGE If LESS than	and that death occurred on the date stated above, at 320 m.
6/yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or House - transport	Rephretis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos. 18.
State of Country Column Co	Contributory Secondary (Outation) yrs mos ds.
10 NAM OF FATHOCOLIC Wilson	(Signed) Alon M. D.
11 BIBTHPLACE OF FATHER (State or comply) 12 Mai De Norther OF MOTHER OTHER OF MOTHER OTHER O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
of MOTHER DUL (moul	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERE
13 BIRTHPLACE OF MOTHER (State or points) OWL / wow	At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) The Debot of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 17/3 1915. Waler Res	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." childbirth or misearriage as "Puerperal septichacture of the American Medical Association. eause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. : oldmi The contributory (secondary or interentrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhanstion," Never report



1 PLACE OF DEATH 5 0 STATE OF MARYLAND Statement of SICIAN CERTIFICATE OF DEATH Registration Dist. No. If death/occurred in 0 St.:....Ward) EXACTLY. P a hospital or institution, give its NAME instead of street and number. RECORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEK SINGLE, clas 4 COLOR OR RACE 16 DATE OF DEATH stated WIDOWED PERMANENT OR DIVORCED (Write the word) (Month) (Day) properly rtificate 17 EREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Z should m pe ce (Year) 7 AGE If LESS than may and that death occurred on the date stated above ш 1 day, hrs. back O The CAUSE OF DEATH # was as follows: S OR min.? d 41 I that no 8 OCCUPATION supplied (a) Trade, profession, or w particular kind of work N X 0 S (b) General nature of industry terms, strucți business, or establishment in UNFADING refully which employed (or employer 9 BIRTHPLACE lain (State or country) Ca 0 See 10 NAME OF ā 2 FATHER (Signed) T nt. I no S 11 BIRTHPLACE importa OF FATHER S P Z *State the Disease Causing Death, or, in deaths from Violent (State or country) PLAINLY Mi Causes, state (1) Means of Injury; and (2) whether Accidental, 0 12 MAIDEN NAME α SUICIDAL OF HOMICIDAL PA OF MOTHER le. of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS 13 BIRTHPLACE At place WRITE OF MOTHER S of death State, (State or country Should state CAL Where was disease contracted. 14 THE ABOVE EDGE if not at place of death? (informant) usuai residence REMOVAL DATE OF BURIAL Address ., 191. 15 20 ADDRESS Filed m Z If more blanks are needed, address State Registrat, 16 W. Saratogy St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in doniestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planler, Physiness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causal of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Broachopneumonia of tungs, menin-unqualified, is indefinite); Tuberculosis of tungs, menin-



on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee mus, under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maruslapse," "Coma," "Annemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of ," "Old Age," "Shock," "Uracinia," "Weakness," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-Never report mere "Atrophy," "Col-ACCIDENTAL, important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ANR SIGNATION OF THE STATE OF T

BUKEAU, V.S.

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		should state
	RECORD	PHYSICIANS of OCCUPAT
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. W
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1 PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
County Caroline	Registration Dist. No. 62
V S	
Village or City Deulan (No	St.; Ward) [If death occurred in a hospital or Institution,
n no	give Its NAME Instead of street and number.]
2 FULL NAME Cebauna Mrs	glit
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH
Flewale Colored WIDOWED, widowed	(Month) (Day (Year)
OROIVDRCEO (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	J'ch 25- 1915 to march 3ª 1915.
(Month) (Day (Year)	that I last saw her allve on the 28 m 1916
7 AGE It LESS than	and that death occurred on the date stated above, at
t day,hrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	althma - Qardiac.
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	0
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory
(State or country) Zuarerland	(Duration) yrs mos ds.
10 NAME OF FATHER A 4	(Signed) S. W. Simmons - M.D.
Jastiff Kambain	march 13, 1915 (Address) Denton, lud.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER	
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Enina Staines	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Juary land	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant) Euros Wright	Former or usual residence
Seller Sed	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
(Address)	Deulaw Blond (Seme Jary Mar /3, 191 5
Filed Mcle, 13, 1915 D. O. George m.D	20 UNDERTAKER ADDRESS
REGISTRAR	4 Mirgil Zuras Deuten
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated this: Farmer (retired 6 yes.) For persons causing death, state occupation at beginning of illbeen changed or given up ou account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engincer. The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or misearriage as "Tuerperal scptichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of ete. State cause for "Exhaustion," For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH

(back)

Registration Dist. No.

[it death occurred in

,	a hospital or institution, give its NAME instead
Man	ot street and number.]

ot street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Vear)
17 HEREBY CERTIFY, That I attended deceased from
that I last saw h We dive on 197
and that death occurred on the date stated above, at 25 m.
The CAUSE OF BEATH # was as follows:
Contributory Secondary Secondary Duration yis, mos. ds.
(Signed) M. O M.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not at place of death?
usual residence
Byllys Chapy B-6-, 1915
Dening Live Cupu Duton 16,7.0

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the honsehold only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Duy laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary framan, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive various pursuits can be known. The question For persons who have no occupation whatever Women at home, who are engaged in engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. suicide. head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUCUMAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent beaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as CHUSC. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage." "Inamition," "Marasgenital," "Senile," etc.). "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia rent) affection need not be stated unless important. mephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bron-"Old Age," "Shock," "Uracmia." "Weakness." Always qualify all diseases resulting from childnia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, (secondary), 10 ds. The contributory (secondary or intercurg., sepsis, telonus) may be stated by carbolic acid-probably "PUERPERAL septicharmia," "Dropsy," Never report more "Exhanstion. ACCIDENTAL,

